

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4108</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Michael</u> <u>E</u> <u>Bright</u> P.O. Box, Bldg., Room No., if any Street <u>271 N.W. 1771</u> City <u>Kingsville</u> State <u>Missouri</u> ZIP Code + 4 <u>64061</u>	4. Name, file number, and address of labor organization. Name <u>Ironworkers Local 10</u> Labor Organization File Number <u>010440</u> P.O. Box, Building and Room Number, if any Street <u>1000 East 10th</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64106</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Michael E Bright</u>	On <u>7/19/2005</u> Date	<u>(816) 842-8917</u> Telephone Number

Name of Person Filing Michael Bright	File Number U-
--------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Arnold, Newbold, Winter &amp; Jackson"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 1600"/></p> <p>Street <input type="text" value="1125 Grand"/></p> <p>City <input type="text" value="Kansas City"/></p> <p>State <input type="text" value="Missouri"/> ZIP Code + 4 <input type="text" value="64106"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Mo-Kan Ironworkers Trust Funds"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="Suite 108"/></p> <p>Street <input type="text" value="3100 Broadway"/></p> <p>City <input type="text" value="Kansas City"/></p> <p>State <input type="text" value="Missouri"/> ZIP Code + 4 <input type="text" value="64111"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Trust Fund Attorneys"/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$202,575"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Christmas Gift Certificate"/></p> <p>12.b. Amount. <input type="text" value="\$50"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Michael Bright	File Number U-
--------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name NWQ Investment Management Co.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 1020</p> <p>Street 15 Fifth Street</p> <p>City Minneapolis</p> <p>State Minnesota ZIP Code + 4 55402</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Mo-Kan Ironworkers Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 108</p> <p>Street 3100 Broadway</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64111</p>	<p>11.a. Nature of such dealing.</p> <p>Money Manager</p> <p>11.b. Approximate dollar value of such dealing. \$96,631</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner</p> <p>12.b. Amount. \$88</p>

Name of Person Filing Michael Bright	File Number U-
--------------------------------------	----------------

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Mo-Kan Ironworkers Trust Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 108</p> <p>Street 3100 Broadway</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64111</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Mo-Kan Ironworkers Trust Funds</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 108</p> <p>Street 3100 Broadway</p> <p>City Kansas City</p> <p>State Missouri ZIP Code + 4 64111</p>	<p>11.a. Nature of such dealing.</p> <p>Third Party Administrator</p> <p>11.b. Approximate dollar value of such dealing. \$346,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for expenses to International Foundation Employee Benefits Conference in New Orleans 11/29/04 to 12/04/04</p> <p>12.b. Amount. \$1,989</p>

Name of Person Filing Michael

Bright

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Invesco Capital Management Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 1360 Peachtree Street N.E.

City Atlanta

State Missouri ZIP Code + 4 30309

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Mo-Kan Ironworkers Pension &amp; Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 108

Street 3100 Broadway

City Kansas City

State Missouri ZIP Code + 4 64111

## 11.a. Nature of such dealing.

Money Manager

11.b. Approximate dollar value of such dealing.

\$72,527

## 12.a. Nature of interest held or income received.

Cooler

12.b. Amount.

\$48

Name of Person Filing Michael Bright

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Ark Asset Management Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 125 Broad Street

City New York

State New York

ZIP Code + 4 10004

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Mo-Kan Ironworkers Pension &amp; Annuity Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 108

Street 3100 Broadway

City Kansas City

State Missouri

ZIP Code + 4 64111

## 11.a. Nature of such dealing.

Money Manager

## 11.b. Approximate dollar value of such dealing.

\$115,721

## 12.a. Nature of interest held or income received.

Dinner

## 12.b. Amount.

\$140